

EXHIBIT 22



Employer Portal

Claimant Archive

K Mikhaylova 72061886

Company : BLOOMINGDALE'S INC. | Location : 72001 / NEW YORK 59TH STREET | State : NY | Account Number : 07-62736-0

This file represents all the exportable documents listed on this individual's Claimant Archive History screen.

Status as of August 14, 2017 :

Claim allowed by regulation; no misconduct.

	06/01/2017	NY - Claim allowed by regulation; no misconduct.
	07/13/2017	NY - State call completed; protestable info obtained and provided to state
	07/13/2017	NY - Misc. document (Correspondence) sent to state.
	06/30/2017	NY - Base period and last employer claim - Byb: 06/12/2017 .Liability: \$8,980.75A
	06/30/2017	NY - Claim protested.
	06/29/2017	NY - Involuntary-Violation of company policy. Last day worked was 06/03/2017
	06/27/2017	NY - State inquiry or questionnaire received and completed
	06/20/2017	NY - Involuntary-Violation of company policy. Last day worked was 06/15/2017



Employer Portal

Claimant Archive

K Mikhaylova 72061886

Company : BLOOMINGDALE'S INC. | **Location :** 72001 / NEW YORK 59TH STREET | **State :** NY | **Account Number :** 07-62736-0

The following documents are regarding the record below.



NY - Claim allowed by regulation; no misconduct.

PO BOX 15131
ALBANY NY 12212-5131



Department
of Labor

**Notice of Determination
That Claimant is Eligible**

BLOOMINGDALE'S INC
TALX UCM SERVICES INC/EQUIFAX
PO BOX 6001
PEABODY MA 01961-6001

Date Mailed 7/14/2017

Claimant ID [REDACTED]

Claimant's Name KRISTINA MIKHAYLOVA

ER No. 07-62736

Determination:

THE CLAIMANT IS ELIGIBLE FOR BENEFITS UNDER SECTION 593.3 OF
THE UNEMPLOYMENT INSURANCE LAW.

Reason:

ALTHOUGH YOU ALLEGE THE CLAIMANT MADE EXCESSIVE PURCHASES USING HER
EMPLOYEE DISCOUNT WITH THE POSSIBLE INTENT OF RESELLING THEM, YOU HAVE NOT
SUBSTANTIATED SUCH WAS HER INTENTION AND THAT SHE ACTED ON IT. YOU HAVE NOT
PROVIDED THE REQUESTED DOCUMENTATION TO SUBSTANTIATE THAT SHE KNEW HER
ACTIONS WERE IN VIOLATION OF POLICY AND THAT SHE KNEW THEY COULD JEOPARDIZE
HER EMPLOYMENT.

☐ This notice supersedes the one sent you dated _____ which has been
cancelled.

We appreciate the cooperation you have given us. If you wish further information about this unemployment
insurance claim, please let us know.

Employer Rights and Responsibilities

If you are not satisfied with this determination, you may ask for a hearing before an impartial Administrative Law
Judge (ALJ) at no cost to you.

Your request must be made in writing to New York State Department of Labor, PO Box 15131, Albany, New York
12212 and postmarked not later than thirty (30) days from the date of this notice. If the 30th day from the date of
the notice falls on a Saturday, Sunday, or holiday, a request will be accepted on the next business day. If your
request is postmarked later than 30 days, you should provide the specific reason for the late request.

If you request a hearing, you must provide complete details on why you object to the determination. Failure to state
your objections with particularity may result in a limitation on the grounds you may raise at the hearing. A copy of
your objections will be sent to the claimant.

Further information or assistance regarding hearings may be obtained by referring to the Employer's Guide to
Unemployment Insurance, by visiting our website, <http://labor.ny.gov/ui/employer.shtm>, or by contacting the
Telephone Claims Center.

For the Commissioner of Labor

By LABOR SERVICES REP.

LO 21 (06/17)

BLM000892




Employer Portal

Claimant Archive

K Mikhaylova 72061886

Company : BLOOMINGDALE'S INC. | Location : 72001 / NEW YORK 59TH STREET | State : NY | Account Number : 07-62736-0

The following documents are regarding the record below.

 [view](#) 07/13/2017
document NY - Misc. document (Correspondence) sent to state.



TALX UCM SERVICES

July 13, 2017

FAX COVER SHEET

FAX: (518)266-8388

Re: KRISTINA MIKHAYLOVA
Employee Id: 72061886

Account: 07-62736-0
Employer: BLOOMINGDALE'S INC.

Stephanie:

Attached is a copy of the policy, policy acknowledgement and investigation summary.

If you have any questions or problems, please contact me at (800) 366-6660 or (800) 366-6660, ext. 2951, fax (888) 665-3288 or you can reach me via email at sherry.moore@equifax.com.

Sincerely,

A handwritten signature in cursive script that reads "Sherry Moore".

Sherry Moore
Unemployment Insurance Consultant

ATTACHMENT

COPY

BLM000894



TALX UCM SERVICES

July 13, 2017

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Sherry Moore
Unemployment Insurance Consultant

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BLM000895



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K Mikhaylova 72061886

Company : BLOOMINGDALE'S INC. | Location : 72001 / NEW YORK 59TH STREET | State : NY | Account Number : 07-62736-0

The following documents are regarding the record below.



NY - Base period and last employer claim - Byb: 06/12/2017 .Liability: \$8,980.75A



NY - Claim protested.



New York State
Department of Labor
PO BOX 15130
ALBANY NY 12212-5130

LO400 (09-13)

Date Mailed:	06/20/2017
Employer#:	07-62736
Claimant SS#:	121-78-4480

Use black or blue ink for corrections
and/or updates to this notice.

Unemployment Insurance Notice of Potential Charges

Part 1 of 2

BLOOMINGDALE'S INC
TALX UCM SERVICES INC/EQUIFAX
PO BOX 6001
PEABODY MA 01961-6001

If the above address is incorrect, refer to the
reverse side of this notice for assistance.

Reason for this Notice	The claimant designated below has filed a claim for Unemployment Insurance Benefits, naming you as a former employer. Please review the information below and follow the instructions for submitting changes. For assistance with this notice, see the reverse side "Guide to Understanding the Notice of Potential Charges."																							
Step 1 Claimant Verification	<p>If the claimant was never employed or is currently employed full time by you, call NYS DOL at 888-890-5090</p> <p>Claimant: KRISTINA MIKHAYLOVA Social Security #: 121-78-4480 FRESH MEADOWS NY 11730 Claim Effective / Start Date: 06/12/2017 Benefit Year Ending Date: 06/17/2018</p> <p>Workplace: NEW YORK, NY</p>																							
Step 2 Claimant Gross Wages Verification	<p>Review the information below and make any necessary corrections. Any changes may affect your potential charges.</p> <table border="1"> <thead> <tr> <th>QUARTER START - END</th><th>GROSS WAGES</th><th>CORRECTION(S)</th><th>REASON FOR CORRECTION(S)</th></tr> </thead> <tbody> <tr> <td>01/01/2016 - 03/31/2016</td><td>\$.00</td><td>\$ _____</td><td>_____</td></tr> <tr> <td>04/01/2016 - 06/30/2016</td><td>\$ 13807.87</td><td>\$ _____</td><td>_____</td></tr> <tr> <td>07/01/2016 - 09/30/2016</td><td>\$ 36843.31</td><td>\$ _____</td><td>_____</td></tr> <tr> <td>10/01/2016 - 12/31/2016</td><td>\$ 22900.49</td><td>\$ _____</td><td>_____</td></tr> </tbody> </table> <p>(UN) or (NC) Indicates that you are not liable for the charges associated with those wages. If a final determination pertaining to this claimant and this separation was already issued in your favor, an updated Notice of Potential Charges may be issued. For questions about this notice, please call 888-890-5090.</p>				QUARTER START - END	GROSS WAGES	CORRECTION(S)	REASON FOR CORRECTION(S)	01/01/2016 - 03/31/2016	\$.00	\$ _____	_____	04/01/2016 - 06/30/2016	\$ 13807.87	\$ _____	_____	07/01/2016 - 09/30/2016	\$ 36843.31	\$ _____	_____	10/01/2016 - 12/31/2016	\$ 22900.49	\$ _____	_____
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Step 3 Employer's Potential Charges	<table border="1"> <thead> <tr> <th>WEEKS</th><th>POTENTIAL WEEKLY CHARGES</th><th>TOTALS</th></tr> </thead> <tbody> <tr> <td>1 thru 7</td><td>\$ 430.00</td><td>\$ 3010.00</td></tr> <tr> <td>8 thru 26</td><td>\$ 314.25</td><td>\$ 5970.75</td></tr> <tr> <td colspan="2">Total Maximum Potential Charges:</td><td>\$ 8980.75</td></tr> </tbody> </table>	WEEKS	POTENTIAL WEEKLY CHARGES	TOTALS	1 thru 7	\$ 430.00	\$ 3010.00	8 thru 26	\$ 314.25	\$ 5970.75	Total Maximum Potential Charges:		\$ 8980.75	<p>NOTE: Generally, if you were the claimant's last employer, you will be charged the full rate for weeks 1 - 7. The charges for weeks 8 - 26 are based upon the percentage of base period wages paid by your company, relative to wages paid by all other employers in the period. In some cases, the entire claim may be prorated. If you are the last employer and paid total wages equal to or less than six times the potential weekly charges listed for Weeks 1 - 7, see instructions on the reverse.</p>										
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Step 4 Certification	<p> If you have <u>not</u> made changes, please do <u>not</u> return this notice. Retain for your records. If you have made changes to Step 2, complete the information below and return immediately.</p> <p>_____ Print Your Name Title E-mail Address</p> <p>_____ Signature Required Area Code Telephone Number Extension Date</p>																							
Step 5 Supporting Documentation and Return Instructions	<p> Submit all supporting documentation on 8 1/2 x 11 paper. Write the claimant's name and social security number on each attached page. To submit this notice, select from the options below.</p> <p> FAX: 518-402-6175 OR MAIL: New York State Department of Labor PO BOX 15130 ALBANY NY 12212-5130</p> <p>This notice is your cover page. Indicate total # of pages _____</p>																							

If you feel that the claimant should not receive Unemployment Benefits, see Notice of Protest, Part 2



For assistance with job orders and hiring incentives, Call 1-800-447-3992



For additional information visit our website: www.labor.ny.gov



For questions about this notice, Call 888-890-5090

BLM000899



New York State
Department of Labor
PO BOX 15130
ALBANY NY 12212-5130

LO400P (0913)

Date Mailed:	06/20/2017
Employer#:	07-62736
Claimant SS#:	[REDACTED]




Use black or blue ink for corrections
and/or updates to this notice.

Unemployment Insurance Notice of Protest

Part 2 of 2

BLOOMINGDALE'S INC

If the above address is incorrect, refer to the
reverse side of this notice for assistance.

Reason for this Notice	The claimant designated below has filed a claim for Unemployment Insurance Benefits, naming you as a former employer. Complete and return this notice <u>only</u> if you know of any reason why the claimant should not receive benefits. For assistance with this notice, see the reverse side "Guide to Understanding the Notice of Protest".		
Claimant Information	Claimant: [REDACTED] Workplace: NEW YORK, NY	Social Security #: [REDACTED] Claim Effective / Start Date: 06/12/2017 Benefit Year Ending Date: 06/17/2018	
Step 1 Reason for Separation <i>Need help?</i> <i>See Protesting Claimant's Benefits on the reverse side of this notice</i>	Fill in appropriate box <input type="checkbox"/> for reason why the claimant should not receive Unemployment Insurance Benefits. Reductions in Force and/or Lack of Work are not reasons which would result in a denial of benefits. <input type="checkbox"/> Voluntarily Quit - Claimant's Last Day Worked: ____ / ____ / ____ Reason: _____ <input type="checkbox"/> Strike / Lockout - Incident Beginning Date: ____ / ____ / ____ <input type="checkbox"/> Misconduct Discharge - Claimant's Discharge Date: ____ / ____ / ____ Specific Incident and/or Violation: _____ <input type="checkbox"/> Educational Institutions <u>only</u> - The claimant has been given an offer of reasonable assurance for the next term or semester.		
Step 2 Claimant Separation Payments	Fill in appropriate box <input type="checkbox"/> to include any payments made to the claimant which cover a specific period occurring after the last day of work. <input type="checkbox"/> Payment of Pre-Arranged Vacation/Holiday Period Amount: \$ _____ From ____ / ____ / ____ To ____ / ____ / ____ <input type="checkbox"/> Dismissal or Severance Related Payments Amount: \$ _____ From ____ / ____ / ____ To ____ / ____ / ____ <input type="checkbox"/> Pension Pay <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly Amount: \$ _____ Effective Date: ____ / ____ / ____		
Step 3 Certification	Complete the information below and attach supporting documentation before returning this notice. _____ Print Your Name _____ Title _____ E-mail Address _____ _____ Signature Required _____ Area Code _____ Telephone Number _____ Extension _____ Date _____		
Step 4 Supporting Documentation and Return Instructions	 Submit all supporting documentation on 8 1/2 x 11 paper. Write the claimant's name and social security number on each attached page. To submit this notice, select from the options below. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;">  FAX: 518-402-6175 This notice is your cover page. Indicate total # of pages _____ </div> <div style="text-align: center;"> OR  </div> <div style="text-align: center;"> MAIL: New York State Department of Labor PO BOX 15130 ALBANY NY 12212-5130 </div> </div>		

This notice should be returned only if you are protesting the claimant's request for Unemployment Benefits.



For assistance with job orders and hiring incentives, Call 1-800-447-3992



For additional information visit our website: www.labor.ny.gov



For questions about this notice, Call 888-890-5090

BLM000900



TALX UCM SERVICES

June 30, 2017

NEW YORK STATE DOL OFFICE 12212
P.O. BOX 15130
ALBANY NY 12212-5130

FAX: (518)402-6175

Re: KRISTINA MIKHAYLOVA
Employee Id: 72061886

Account: 07-62736-0
Employer: BLOOMINGDALE'S INC.

Dear State Representative:

This is in response to form LO400, Notice of Potential Charges, dated June 20, 2017 with an effective date of June 12, 2017. In view of the following, we request relief of benefit charges and/or a determination on the claimant's eligibility.

First Day: 05/03/2016 Last Day: 06/03/2017

The claimant was discharged for violation of a reasonable and known policy.

Q: Please provide the last date the claimant reported to work for your company.

A: 06/03/2017

Q: Effective date of separation if different than lastday worked?

A: 06/16/2017

Q: Job Title?

A: DRAW VS SALES ASSOCI

Q: What was the date of the final incident?

A: 04/21/2017

Q: Provide details of what happened during the final incident, where the incident occurred, if there were any witnesses and if he/she provided an explanation/admission.

A: Claimant evaded taxes on purchases she made by shipping the items out of state, and exceeded the purchase limits on merchandise by category. She admitted to avoiding NYS sales tax and acknowledged that she made an excessive amount of purchases. Explanation given was that she wanted to take advantage of the associate discount before department changes occurred.

Q: What is your company policy relating to this situation?

A: "All vendors and departments have a purchase limit of 12 units of merchandise by category per customer in a single transaction or within a 90-day period" and "Be truthful, honest at all times, on all documents, records or statements."

Q: Did he/she violate your company policy?

A: Yes

Q: Was he/she aware of your policy?

A: Yes

Q: How was he/she made aware of your policy? Written, Verbal or Both?

A: Written and Verbal

Q: Name of the person who discharged him/her?

A: Richard Law

Q: Title of person who discharged him/her?

A: Human Resources Manager

Q: Please note the types of documents attached to the file.

A: Company Policy, Investigative Detail, Voluntary Statement attached

We request that these wage credits be cancelled and not used in any subsequent claim.

Be advised, TALX UCM Services Inc is a duly authorized agent empowered to act on behalf of the above employer. The determination, or any related correspondence, should be mailed to: P.O. Box 6001, Peabody, MA 01961-6001.

For additional information, please contact our State Agency Response Center at (800) 829-1510 or e-mail to SARC@equifax.com or me at (314) 684-2541 or you can reach me via email at abriela.sykes@equifax.com or fax (844) 227-0317.

Sincerely,

BLM000901



Abriela Sykes
Unemployment Claims Specialist

ATTACHMENT

I, MM, NCV

COPY

BLM000902

Standards of Conduct

Standards of Conduct

Honest and ethical conduct is the cornerstone of our business. We want you to enjoy a long and successful career at Bloomingdale's. The following principles will contribute to your success and help you avoid potential pitfalls that could lead to disciplinary action up to and including termination.

1. b. Truthful

- Be truthful, honest and straightforward at all times—with colleagues, customers and vendors; and on all documents, records or statements, including, but not limited to, time records, commission sales, receipts, savings certificates, reports, applications and contracts.
- Don't ask for, approve, or work "off the clock." If you're aware that a person has performed work "off the clock," you have a responsibility to immediately report it to your Human Resources Department.
- Cooperate with Company investigations and performance discussions as requested, and provide honest, accurate and complete information.

2. b. Fair

- Follow the Macy's, Inc. Code of Conduct in all respects.
- Understand and maintain compliance with Bloomingdale's shortage prevention strategy.
- Enter and exit the building through the associate-designated doors and park in designated areas. Keep bags and handbags in appropriate areas and make them readily available for inspection, if requested.
- "Restricted Area" means just that. If you don't have clearance, or if you're not sure, then don't enter the area.
- Follow the Solicitation Policy—solicitations, distribution of literature, and posting at work are subject to restrictions.
- Do not take photos or make any audio or video recordings without permission.
- Follow the b-style guidelines.

3. b. the Best

- Live up to your performance commitment. Always strive to do your job to the best of your ability. Be thoughtful and careful in how you go about your job duties. Strive to avoid careless and costly errors.
- Come to work and be on time. If you can't make it, follow the appropriate call-out procedures.
- Conduct personal business on personal time. When you're on your break, including meal times, relax and take care of your personal business. When you're scheduled to work, do your job and take care of Company business.
- Buying or selling lottery, sweepstakes or number pool tickets, or any gambling activities (an exception may be made for certain approved, Company-sponsored charitable events) is never acceptable while you're on Company premises, even if you're on your break.

Standards of Conduct

- Do what you're asked to do. Follow instructions given by your supervisor or a member of management. Ask questions if you're unclear about what's expected of you.
- Come to work with a clear head. It's unacceptable to use, sell, buy, possess or work under the influence of alcohol, drugs, intoxicants, or controlled substances of any kind while you're on or off Company property during your work hours. The only exceptions are the use or possession of legitimately prescribed medication that does not impair your ability to work, or alcohol that may be served and consumed in moderation at Company sponsored events when approved by a senior executive.

4. b. Honest

- Protect Company property. Dishonesty, stealing or giving away merchandise—including testers salvage, samples, penny merchandise, promotional items (like gifts given "with purchase") or Company property—unauthorized discounting, embezzlement, credit card and identity theft are all unacceptable behaviors.
- Report any overpayment to HR as soon as you become aware of it to ensure the issue can be resolved as quickly as possible.
- We expect you will follow all discount policies and discount events, and other rules related to buying and returning merchandise bought at Bloomingdale's. Misusing this privilege can result in disciplinary action, up to and including termination of employment.
- Be sure you read and follow the guidelines for the Associate Discount policy, and remember that wearing or using any Company-owned merchandise prior to purchasing it is not permitted. This includes merchandise removed from the selling floor or offices for any reason (for example, damages, samples or old season and/or penny salvage), and anything submitted as "Lost and Found." Also, remember that associates are not permitted to put items on hold unless there is specific Company direction allowing it for an event.

5. b. Rested

- You must take your meal periods and rest breaks.
- Keep accurate records of the time you've spent working.

6. b. Respectful

- Treat our customers, vendors and other business partners respectfully and professionally. Always be polite and professional on the phone.
- Never act inappropriately towards coworkers, customers, vendors and other business partners.
- This includes conduct that is discriminatory, harassing, abusive, or obscene.

7. b. Safe

- Follow all safety, smoking, security and other regulations at work. Any action taken by the Company will be in compliance with applicable law. We expect our associates to avoid involvement with criminal activities. Engaging in illegal conduct, whether or not the conduct is committed on the Company's premises, may make you unsuitable for employment with Bloomingdale's. Any action taken by the Company will be in compliance with applicable law.

Safeguarding Company Assets

- Must not accept a credit card for payment from someone other than the card holder.
- Must follow the Unauthorized Resellers and Multiple Unit Sales Policy. We do not sell to known re-sellers. For more information, see your manager.
 - **General Merchandise:** All vendors and departments (except cosmetics and Chanel handbags) have a purchase limit of 12 units of merchandise by category (regardless of size or color) per customer in a single transaction or within a 90-day period, with the exception of purchases in Towels, Tabletop, Table Linens, Hosiery and Gift Registry (where purchases of multiple items is common, and not a reason to suspect the customer is an unauthorized reseller).
 - **Cosmetics:** An associate may sell a maximum of six units of any one style in a single transaction, or within a 90-day period, without management approval. Gift with Purchase and Purchase with Purchase promotions are offered as one per customer, regardless of the number of units sold. Any variation of this policy must be authorized by the department manager.
 - **Chanel Handbags:** In order to make handbags available to as many of our customers as possible, two handbags are the maximum number that may be sold in a single transaction, without senior management approval. Stores cannot split transactions or tender types to satisfy the requirement of two handbags per transaction. Four (4) bags per month may be purchased and up to 24 bags per year. Both customer and associate transaction history is tracked centrally to ensure adherence to the above guidelines.
 - If a customer attempts to purchase more than the allowed limit, the associate must inform the customer of the purchase limit. Since we do not want to discourage legitimate customers, courteously explain our policy, and inquire as to the reason for the multiple purchases. If the purchase seems justified, then call a Senior Executive or the General Manager.

Policy Highlights – Personal Belongings/Merchandise Security

Associates:

- Must not store or conceal non-purchased merchandise.
- Must not mark down or discount merchandise without proper management authorization or sell markdown merchandise to a customer or any associate, including oneself, without duly authorized or recorded price changes.
- Must leave their personal belongings in the designated areas
- Must not purchase, remove, take, or sell company property (including merchandise, samples, testers, gifts with purchase ("GWPs"), purchases with purchase ("PWP") and visual trim) set aside for salvage or scrapping.

Bloomingdale's:

- Is not responsible for lost, damaged, or stolen items left with Loss Prevention, or in designated package check areas, or that are brought on the premises. Therefore, personal valuables should not be brought into the workplace.
- Reserves the right to check and inspect personal purchases, bags, briefcases, packages, or any item of personal property as you leave the store, service building or any Company building. Associates with Bloomingdale's cash, merchandise or property in their possession without proof of proper purchase or approval may be terminated.



New York State
Department of Labor
PO BOX 15130
ALBANY NY 12212-5130

LO400 (09-13)

Date Mailed:	06/20/2017
Employer#:	07-62736
Claimant SS#:	[REDACTED]

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Unemployment Insurance Notice of Potential Charges

Part 1 of 2

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Reason for this Notice	The claimant designated below has filed a claim for Unemployment Insurance Benefits, naming you as a former employer. Please review the information below and follow the instructions for submitting changes. For assistance with this notice, see the reverse side "Guide to Understanding the Notice of Potential Charges."																						
Step 1 Claimant Verification	If the claimant was never employed or is currently employed full time by you, call NYS DOL at 888-890-5090 Claimant: [REDACTED] Social Security # [REDACTED] Claim Effective / Start Date: 06/12/2017 Benefit Year Ending Date: 06/17/2018 Workplace: NEW YORK, NY																						
Step 2 Claimant Gross Wages Verification	Review the information below and make any necessary corrections. Any changes may affect your potential charges <table border="1"> <thead> <tr> <th>QUARTER START - END</th> <th>GROSS WAGES</th> <th>CORRECTION(S)</th> <th>REASON FOR CORRECTION(S)</th> </tr> </thead> <tbody> <tr> <td>01/01/2016 - 03/31/2016</td> <td>\$ 00</td> <td>\$</td> <td></td> </tr> <tr> <td>04/01/2016 - 06/30/2016</td> <td>\$ 13807.87</td> <td>\$ 18269.22</td> <td>calculated for quarter</td> </tr> <tr> <td>07/01/2016 - 09/30/2016</td> <td>\$ 36843.31</td> <td>\$ 33729.12</td> <td>calculated for quarter</td> </tr> <tr> <td>10/01/2016 - 12/31/2016</td> <td>\$ 22900.49</td> <td>\$ 24337.84</td> <td>calculated for quarter</td> </tr> </tbody> </table> (UN) or (NC) indicates that you are not liable for the charges associated with those wages. If a final determination pertaining to this claimant and this separation was already issued in your favor, an updated Notice of Potential Charges may be issued. For questions about this notice, please call 888-890-5090.			QUARTER START - END	GROSS WAGES	CORRECTION(S)	REASON FOR CORRECTION(S)	01/01/2016 - 03/31/2016	\$ 00	\$		04/01/2016 - 06/30/2016	\$ 13807.87	\$ 18269.22	calculated for quarter	07/01/2016 - 09/30/2016	\$ 36843.31	\$ 33729.12	calculated for quarter	10/01/2016 - 12/31/2016	\$ 22900.49	\$ 24337.84	calculated for quarter
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Step 3 Employer's Potential Charges	<table border="1"> <thead> <tr> <th>WEEKS</th> <th>POTENTIAL WEEKLY CHARGES</th> <th>TOTALS</th> </tr> </thead> <tbody> <tr> <td>1 thru 7</td> <td>\$ 430.00</td> <td>\$ 3010.00</td> </tr> <tr> <td>8 thru 20</td> <td>\$ 314.25</td> <td>\$ 5970.75</td> </tr> <tr> <td colspan="2">Total Maximum Potential Charges:</td> <td>\$ 8980.75</td> </tr> </tbody> </table>	WEEKS	POTENTIAL WEEKLY CHARGES	TOTALS	1 thru 7	\$ 430.00	\$ 3010.00	8 thru 20	\$ 314.25	\$ 5970.75	Total Maximum Potential Charges:		\$ 8980.75	NOTE: Generally, if you were the claimant's last employer, you will be charged the full rate for weeks 1 - 7. The charges for weeks 8 - 26 are based upon the percentage of base period wages paid by your company relative to wages paid by all other employers in the period. In some cases, the entire claim may be prorated. If you are the last employer and paid total wages equal to or less than six times the potential weekly charges listed for Weeks 1 - 7, see instructions on the reverse.									
WEEKS	POTENTIAL WEEKLY CHARGES	TOTALS																					
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Step 4 Certification	<p> If you have <u>not</u> made changes, please do <u>not</u> return this notice. Retain for your records. If you have made changes to Step 2, complete the information below and return immediately.</p> <p> <u>Leera Torres</u> HR Administrator <u>leera.torres@bloomingtondale.com</u> Print Your Name Title E-mail Address <u>[Signature]</u> 212-705-3038 6/29/17 Signature Required Area Code Telephone Number Extension Date </p>																						
Step 5 Supporting Documentation and Return Instructions	<p> Submit all supporting documentation on 8 1/2 x 11 paper. Write the claimant's name and social security number on each attached page. To submit this notice, select from the options below.</p> <p> FAX: 518-402-6175 OR MAIL: New York State Department of Labor This notice is your cover page. PO BOX 15130 Indicate total # of pages _____ ALBANY NY 12212-5130 </p>																						

If you feel that the claimant should not receive Unemployment Benefits, see Notice of Protest, Part 2



For assistance with job orders and hiring
incentives, Call 1-800-447-3992



For additional information visit
our website: www.labor.ny.gov



For questions about this notice,
Call 888-890-5090

BLM000906



New York State
Department of Labor
PO BOX 15130
ALBANY NY 12212-5130

LO400P (0313)

Date Mailed:	06/20/2017
Employer#:	07-62736
Claimant SS#:	121-78-4480

Use black or blue ink for corrections
and/or updates to this notice.

Unemployment Insurance Notice of Protest

Part 2 of 2

BLOOMINGDALE'S INC

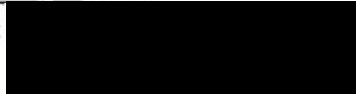
If the above address is incorrect, refer to the
reverse side of this notice for assistance.

Reason for this Notice

The claimant designated below has filed a claim for Unemployment Insurance Benefits, naming you as a former employer. Complete and return this notice only if you know of any reason why the claimant should not receive benefits. For assistance with this notice, see the reverse side "Guide to Understanding the Notice of Protest".

Claimant Information

Claimant



Social Security # [REDACTED]
Claim Effective / Start Date: 06/12/2017
Benefit Year Ending Date: 06/17/2018

Workplace: NEW YORK, NY

Step 1 Reason for Separation

Fill in appropriate box ☐ for reason why the claimant should not receive Unemployment Insurance Benefits. Reductions in Force and/or Lack of Work are not reasons which would result in a denial of benefits.

- ☐ Voluntarily Quit - Claimant's Last Day Worked: ___/___/___ Reason: _____
- ☐ Strike / Lockout - Incident Beginning Date: ___/___/___
- ☒ Misconduct Discharge - Claimant's Discharge Date: ___/___/___
- Specific Incident and/or Violation: avoided paying taxes on purchases, and exceeded purchase limits
- ☐ Educational Institutions only - The claimant has been given an offer of reasonable assurance for the next term or semester.

Need help?
See *Protesting
Claimant's Benefits*
on the reverse side
of this notice

Step 2 Claimant Separation Payments

Fill in appropriate box ☐ to include any payments made to the claimant which cover a specific period occurring after the last day of work.

- ☐ Payment of Pre-Arranged Vacation/Holiday Period Amount: \$ _____ From: ___/___/___ To: ___/___/___
- ☒ Dismissal or Severance Related Payments Amount: \$1129.22 From: ___/___/___ To: 6/30/17
- ☐ Pension Pay ☐ Monthly ☐ Yearly Amount: \$ _____ Effective Date: ___/___/___

Step 3 Certification

Complete the information below and attach supporting documentation before returning this notice.

Leeza Torres AR Administrator leeza.torres@bloomingsdale.com
Print Your Name Title E-mail Address
[Signature] 212-705-3038 6/29/17
Signature Required Area Code Telephone Number Extension Date

Step 4 Supporting Documentation and Return Instructions

Submit all supporting documentation on 8 1/2 x 11 paper. Write the claimant's name and social security number on each attached page. To submit this notice, select from the options below.



FAX: 518-402-6175

This notice is your cover page.
Indicate total # of pages: _____

OR



MAIL: New York State Department of Labor
PO BOX 15130
ALBANY NY 12212-5130

This notice should be returned only if you are protesting the claimant's request for Unemployment Benefits.



For assistance with job orders and hiring
incentives, Call 1-800-447-3992



For additional information visit
our website: www.labor.ny.gov



For questions about this notice,
Call 888-890-5050

BLM000907



Investigative Detail
Kristina Mikhaylova - #72061886
Sensitive and Confidential

On 5/4/2017 Central Investigations forwarded an issue with Kristina Mikhaylova's employee account which had been blocked for potential reselling activity. Based on the information provided an investigation was initiated.

During review of Mikhaylova's purchase history (Bloomingdale's account review, Loyalist account review and personal credit card review) it was determined that Mikhaylova had made 26 employee purchases from 10/2016 to 4/21/2017 totaling \$65,988. This level of purchasing over that time period would indicate possible discount abuse and/or employee purchasing to resell. Further investigation uncovered that the associate purchases had been sent out of state to 6 different addresses. 5 in New Hampshire and 1 in Mississippi. This further supported the potential discount abuse and reselling issues. The total tax implication was \$5856.00.

On 6/6/2017 I, Chris Castellani, had a specific loss conversation with Ms. Mikhaylova in the AP offices from 1:24pm to 2:15pm. The conversation was based on the above investigative findings and was witnessed in its entirety by API Shanine Gray.

During the conversation Ms. Mikhaylova denied abusing her discount stating that she paid for all of the merchandise and never received any reimbursement of any kind. She also stated that she bought most of the merchandise for herself as the Chanel shop was going leased and she would not have as good a discount. She did admit that she was shipping the merchandise to 'friends' out of state to avoid the NYS Sales Tax which employees "always do for customers". Ms. Mikhaylova admitted this verbally and in a signed statement.

After partnering with HRD Richard Law I suspended the associate while HR reviewed the case.

"WORKING TOGETHER TO MAKE BLOOMINGDALE'S LIKE NO OTHER STORE IN THE WORLD"

BLM000908

bloomingdale's
Consent to Interview

AP-FRM 023 Reviewed 2/1/16



I understand that this meeting with a representative of Bloomingdale's Asset Protection will be recorded in both a video and audio format. It is fully understood that this recording is taking place and that I give my informed consent to record this meeting.

Signature Ruth Wilk

Date: 06/06/17

Time: 1:24

Witness:

Shanine Gray

Title:

Asset Protection Investigator

June 6, 2017 - 1:48 P.M.

My name is Kristina Markoylova. I have worked in Bloomingdales since May 2016. Today I had a conversation with Chris and Shaune regarding issues with my ~~Bloomingdales~~^{my} Bloomingdales account. We discussed that there is an excessive amount of purchases. In February we found out that we will be going leased and as of that the discount will not be as good. I made the purchases now to get the best discount I could. The purchases were all for myself or gifts. I never received any reimbursement of any sort. I was shipping to various friends and family out of state to avoid New York state tax. Due to the fact I was Airfreighting quite a few items I was shipping to various different people so I don't have to invoice just one particular person. I ~~wasn't~~ understood that it is a problem to ship things out of state to avoid ~~Resident~~^{R.M.} taxes. I apologize for any inconvenience or issues this may have caused. From this day on I will no longer ship to different addresses to avoid taxes.

This is a true statement I was not forced to write it.
06/06/17 K. Markoylova

BLM000910

PRINTED FROM IDS CONFIDENTIAL PERSONNEL

Statement of Awareness

Statement of Awareness:

(Sign and turn in to Human Resources.)

I understand that my employment with Bloomingdale's is for an unspecified term and may be terminated at the will of either the Company or myself, with or without cause, and with or without notice. No words or actions of the Company will be deemed to create an express or implied contract of employment or require the Company to have good cause for terminating my employment. No Company representative is empowered or authorized to modify this at will relationship other than the Executive Vice President of Human Resources and Labor Relations of Bloomingdale's in a written document.

I acknowledge that I have received a copy of the Bloomingdale's Associate Handbook. I understand that I am responsible for reading the contents of the Handbook, and for complying with all Company policies, procedures and rules.

I further understand that Bloomingdale's reserves the right to change and modify policies and procedures at any time without prior notice to me, and further understand that my employment and compensation with Bloomingdale's can be terminated with or without cause and with or without notice at any option of the option of Bloomingdale's (unless such policies or actions are in conflict with a collective bargaining agreement).

Please remember that all associates are covered by the Company's policy of at-will employment. This includes temporary, introductory, regular full-time or short hour scheduled associates, contingents and seasonal associates.

Your Name: _____
(Please print)

Signature: _____

Department: _____ Date: _____

February 2015 Printing

557 Street

- signed

BLM000911




Employer Portal

Claimant Archive

K Mikhaylova 72061886

Company : BLOOMINGDALE'S INC. | **Location :** 72001 / NEW YORK 59TH STREET | **State :** NY | **Account Number :** 07-62736-0

The following documents are regarding the record below.

 [view](#)
document 06/27/2017 NY - State inquiry or questionnaire received and completed

Department of Labor
PO Box 15130
Albany, NY 12212-5130
www.labor.ny.gov

EFF. DT. 06/12/17
SOC. SEC. NO.:
ER NO. E07-62736
Mail Date: June 20, 2017

LO# 0831

BLOOMINGDALE'S INC
TALX UCM SERVICES INC/EQUIFAX
PO BOX 6001
PEABODY MA 01961-6001

Dear Sir/Madam:

The Department of Labor has received information that shows your former employee KRISTINA MIKHAYLOVA was discharged from his/her job with you. In order to make a determination on this claim or the use of wage credits earned in your employ, we need specific information from you about this separation.

Please complete the attached questionnaire and fax it to 518-457-9492 or mail it to the above address immediately. We must receive your response within 7 calendar days of the mail date of this notice or a determination will be made based upon available information. If you do not respond timely and/or adequately, your account may not be relieved of charges relating to any overpayment of benefits on this claim. If you fax, do not mail originals.

Please note that if the claimant is determined to be eligible due to an untimely or an inadequate employer response, then charges to the employer's account may not be relieved. For your response to be accepted as timely, it must be received within the number of days as indicated above. All questions should be answered in detail in order to provide relevant information for the Department of Labor to render a correct determination regarding the claimant's eligibility or entitlement for benefits.

An electronic image will be made of only one side of your response. Therefore, it is important that you answer all questions and **write only in the space provided. If additional space is needed, you may use an 8 1/2 x 11-inch piece of white paper.** Do not staple or write outside the margins or on the back. Be sure the claimant's Social Security Number is on all documents you send.

Note for Faxes: This letter is designed for electronic handling through a fax server. Therefore, you must send the "Second Page" of this inquiry as the first page of your fax, with any "cover" page or attachments following. The fax number provided should only be used to respond to this inquiry and not for any other correspondence to the Department of Labor.

Please keep this cover letter for your reference. Do not return it with your response.

For the Commissioner of Labor

MC99 (2/15)

NYS 10-13 MC99



Department
of Labor

NYS

BLM000913

Second Page
Mail Date: June 20, 2017

EFF. DT. 06/12/17
SOCIAL SECURITY NO. [REDACTED]
ER NO. E07-62736

LO# 0831

Information has been received by the Department of Labor that the claimant was discharged.

1. Claimant's physical last day of work: 06/15/17
Claimant's first day of work: 05/30/16
2. Claimant's job title: _____
3. Claimant's job duties: NO FURTHER INFORMATION WAS PROVIDED
4. Claimant's work location: _____
5. Name of claimant's Supervisor: _____
6. Rate of pay: amount \$ _____ ☐ per ☐ hour ☐ day ☐ week ☐ year
7. What were the claimant's hours and days of work?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start time							
End time							
8. How was the claimant informed of the discharge? ☐ In person ☐ By phone ☐ By letter
By whom? _____ Title: _____
On what date? _____
If there was a delay between the times when the decision was made and when the claimant was notified, please explain why.

9. What was the final incident that resulted in the claimant's discharge and on what date did it occur?
Date: _____

10. What specifically was the claimant told about why he/she was discharged?

MC99.1 (2/15)

NYS 10-13 MC99

NYS

BLM000914

Third Page
Mail Date: June 20, 2017

EFF. DT. 06/12/17
SOCIAL SECURITY NO.
ER NO. E07-62736

LO# 0831

11. How were the claimant's actions detrimental to your business?

12. As it pertains to question 9 on the previous page, did the claimant violate a rule, policy or procedure?

a. If "YES", please explain in detail.

☐ Yes

☐ No

b. What was the claimant expected to do?

13. Did the claimant's job duties require a professional license?

☐ Yes

☐ No

Please explain: _____

14. How would the claimant have known that his/her actions described in question 9 on the previous page could cause or potentially cause discharge?

• Please attach a copy of any final warning and/or the specific policy if available.

• If the claimant was given a verbal/written warning, please indicate:

a. By whom? _____ Title: _____

b. When was the warning given? _____

c. What was the claimant told? _____

15. What reason did the claimant give you for his/her actions that led to discharge (please relate to question 9 on the previous page) and why did you not accept this reason?

16. Is there a process the claimant could have used to appeal his/her discharge?

☐ Yes

☐ No

If "YES", did the claimant avail himself/herself of the process?

☐ Yes

☐ No

What were the results if known?

17. Is the claimant a union member?

☐ Yes

☐ No

Please send a copy of any arbitration findings of fact regarding this issue if available.

MC99.2 (2/15)

NYS 10-13 MC99

NYS

BLM000915

Fourth Page
Mail Date: June 20, 2017

EFF. DT. 06/12/17
SOCIAL SECURITY NO. 1
ER NO. E07-62736

LO# 0831

Multiple horizontal lines for handwritten notes or signatures.

Employer Name: _____
Form completed by (Print Name): _____ Title: UCS
Tel. #: 800-829-1510 Email: _____
Signature: Abriela Sykes Date: 06/27/17

MC99.3 (2/15)

NYS 10-13 MC99

NYS

BLM000916